

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S.-Cuba Democracy Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Benjamin Leon, Jr.

Mailing Address 630 Leucadendra Drive

City State Zip Code  
 Coral Gables FL 33156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Leon Medical Centers

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.9290

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Mrs. Silvia Leon

Mailing Address 360 Leucadendra Dr.

City State Zip Code  
 Coral Gables FL 33156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.9291

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Robert M. Levy

Mailing Address 780 N.E. 69th Street  
 #1703

City State Zip Code  
 Miami FL 33138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robert Levy & Associates

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.9331

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....